SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

Authorized Agent: _

Address to send permit _

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN



Permit #:	21-0388
Date:	11-23-21
Amount Paid:	\$125 8-17-21
Refund:	

INSTRUCTIONS: N Checks are made p					Bayfield Co. Zon	ing Dept.	Kelana		
DO NOT START CO		-			ED TO APPLICANT. Origina	Al Application MU	ST be submitted	FILL OUT IN INK	NO PENCIL)
TYPE OF PERMI	T REQUES	TED-	· X	LAND USE	☐ SANITARY ☐ PRIVY	☐ CONDITION	AL USE SPECIA		□ OTHER
Owner's Name:	1				Mailing Address:	Mailing Address: City/State/Zip:			Telephone: 7/5
Address of Broperty:				12	City/State/Zip:			1 54448	370.8676
XXX	Rabbi	+ Hu	tch Ro		Ba	ines	Wi		Cell Phone:
Contractor:	:14				Contractor Phone:	Plumber:	A		Plumber Phone:
Authorized Agent	: (Person Sig	ning Appli	cation on beha	If of Owner(s))	Agent Phone:	CAMPAGE COMPAGE COMPAG	ng Address (include Cit	y/State/Zip):	Written
									Authorization Attached
PROJECT		TENANT C			Tax ID#			Recorded Document:	☐ Yes ☐ No
LOCATION	Legal	Descrip	tion: (Use 1	ax Statement)		88		2018 R	574822
<u>SE</u> 1/4,	5W	1/4	Gov't Lot	Lot(s)	CSM Vol & Page CS	M Doc # Lo	ot(s) # Block #	Subdivision:	
Section 2	3 , Tow	nship _	43_ N, F	Range <u>09</u>	W Town of:	Barnes		Lot Size	Acreage 40
	☐ Is F	Property	//Land withi	n 300 feet of Riv	iver, Stream (incl. Intermittent)	Distance Struc	cture is from Shorelin	ne : Is your Prope	rtv
☐ Shoreland -	Cree			of Floodplain?	If yescontinue —			feet in Floodplai	Are Wetlands
_ Shorelana -	☐ Is F	Property	//Land withi	n 1000 feet of L	Lake, Pond or Flowage If yescontinue		cture is from Shorelin	l Jes	Yes
Non-Shorelan	d				ii yescontinue —			feet	No
Non-Shorelan									1
Value at Time of Completion						Total # of		hat Type of	Type of
* include		Projec	t	Project # of Storie	Project Foundation	bedrooms		anitary System(s) the property or	Water
donated time & material				" or storie.	1 oundation	property		on the property?	on property
	New	Constr	uction	★1-Story	☐ Basement	□ 1	☐ Municipal/Cit	у	☐ City
	☐ Addit	☐ Addition/Alteration ☐ 1-Story +		☐ Foundation	☐ Foundation ☐ 2 ☐ (New		(New) Sanitary Specify Type:		
\$ 30,000	☐ Conv	☐ Conversion ☐ 2-Story		□ Slah	☐ Slab ☐ 3 ☐ Sanitary (Exis		ts) Specify Type:	XIA	
×		Relocate (existing bldg)						Maultan (win 200 million)	
	☐ Run a	-	0 0,		Use	□ None	☐ Portable (w/se	Vaulted (min 200 gallon)	
34	Prope	erty			☐ Year Round ☐ Compost Toile				
							□ None		
Existing Structu							Width:	Height:	
Proposed Cons	truction:	(overa	Ill dimensior	is)	Length:	32	Width: 16	Height:	14
Proposed I	Use	1	ů.		Proposed Structi	ure		Dimensions	Square
4 2			Principal	Structure (first	rst structure on property)	(x)	Footage	
¥**		×	Residenc		nunting shack, etc.)	11	(18 × 24)	384	
Residentia	al Use			with Loft with a Porc	ch			(16 x 8)	128
				with (2 nd) P	V-100		(X)		
				with a Decl			(x)		
☐ Commerci	al Use			with (2 nd) D				(X)	
					hed Garage			(x)	
	-				ary, <u>or</u> sleeping quarters			(X)	
☐ Municipal	Heo		Addition	Alteration (ex	xplain)			(X)	
□ Iviuiiicipai	USE		Accessor	y Building (exp	plain)			(X)	
					dition/Alteration (explain			(x)	
		X	Special U	se: (explain)	Dwelling in	F-1		(x)	
Conditional Use: (explain)						(X)			
			Other: (ex		,			(X)	
I (we) declare that thi	s application (i		Other: (ex	(plain)	T or STARTING CONSTRUCTION	WITHOUT A PERMIT	WILL RESULT IN PENALT	TES.	
result of Bayfield Cou	ne detail and a nty relying on	including a accuracy of this inform	FAILURE TO ny accompanyin fall information nation I (we) am	OBTAIN A PERMIT g information) has be I (we) am (are) provid (are) providing in or	Tor STARTING CONSTRUCTION een examined by me (us) and to the l	best of my (our) knowle Bavfield County in det	dge and belief it is true, corre	IES ect and complete. I (we) acknown in I (we) further accent is	ability which may be a
(are) responsible for t	ne detail and a nty relying on	including a accuracy of this inform	FAILURE TO ny accompanyin fall information nation I (we) am	OBTAIN A PERMIT g information) has be I (we) am (are) provid (are) providing in or	Tor STARTING CONSTRUCTION	best of my (our) knowle Bavfield County in det	dge and belief it is true, corre	IES ect and complete. I (we) acknown in I (we) further accent is	ability which may be a o the above described

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date

If you recently purchased the property send your Recorded Deed

Attach
Copy of Tax Statement

In	the box b	elow: <u>Draw</u> or <u>Sketch</u> you	r Property (regardless of what you are applying for) Fill Out in Ink – NO PENCIL
	(1) (2) (3) (4) (5) (6) (7)	Show Location of: Show / Indicate: Show Location of (*): Show: Show: Show any (*): Show any (*):	Proposed Construction North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%
			Print Print
			Orine Way -> Debbit Hotel Rd

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Setback Measurements			Description	Setback Measurements	
					. 6	
Setback from the Centerline of Platted Road	1000 +	Feet		Setback from the Lake (ordinary high-water mark)	NIH	Feet
Setback from the Established Right-of-Way	300	Feet	1	Setback from the River, Stream, Creek	NIA	Feet
				Setback from the Bank or Bluff	West	Feet
Setback from the North Lot Line	500	Feet	46		17.	
Setback from the South Lot Line	300	Feet		Setback from Wetland	60	Feet
Setback from the West Lot Line	1000	Feet		20% Slope Area on the property	☐ Yes	No
Setback from the East Lot Line	105	Feet		Elevation of Floodplain	NA	Feet
					,	
Setback to Septic Tank or Holding Tank		Feet	37	Setback to Well		Feet
Setback to Drain Field	1	Feet				
Setback to Privy (Portable, Composting)	40	Feet				

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For the Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)	7-0252	# of bedrooms:	Sanitary Date:	
Permit Denied (Date):				
Permit #: 21-0388	Permit Date: //-	13-2/	deven the	
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes (Deed of Recor Yes (Fused/Contigu	ious Lot(s))	Mitigation Required Mitigation Attached	☐ Yes ☐ No ☐ Yes ☐ No	Affidavit Required Affidavit Attached Service Yes No
Granted by Variance (B.O.A.) ☐ Yes ☐ No Case #:		Previously Granted by Ves No	y Variance (B.O.A.) Cas	e #:
Was Parcel Legally Created Was Proposed Building Site Delineated ✓ Yes □ No	Were Property Lines Represented by Owner Was Property Surveyed Yes Yes			
Inspection Record:		1		Zoning District (F:1) Lakes Classification (V/A)
Date of Inspection: ///16/21	Inspected by:			Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Atta - Build as pr - If pressure - Get Treas				Septic perm. ts
Signature of Inspector:				Date of Approval: /////3
Hold For Sanitary: Hold For TBA:	Hold For Affi	davit: 🗌	Hold For Fees:	

TOWN BOARD RECOMMENDATION -- (CLASS A - SPECIAL USE)

Residence in Ag-1 or F-1; Shoreland Grading; Short-Term Rental (1 unit); Signage; RV Ext

When Town Board has completed this form, please mail to:

Bayfield County Planning and Zoning Department P.O. Box 58 – Washburn, WI 54891 Phone – (715) 373-6138 Fax – (715) 373-0114

e-mail: zoning@bayfieldcounty.org

Website: www.bayfieldcounty.org/147

Date Zoning Received: (Stamp Here)

ENTERED

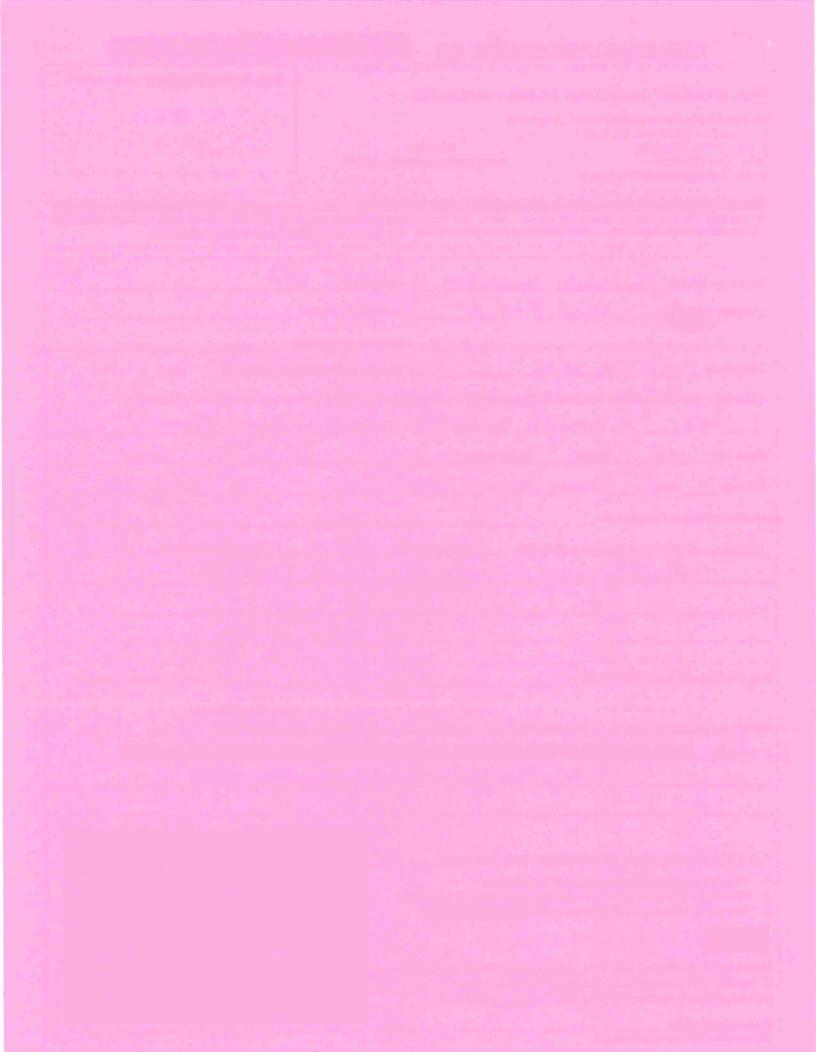
SEP 28 2021

Bayfield Co.
Planning and Zoning Agency

Property Owner(s) are responsible to give this form to the Town Clerk.

[front/back]. This is a Class A special use request. Note: The Town's Planning Commission meets prior to the Town. Once the Town meets they will forward their recommendation to the Planning and Zoning Department. Ask Town if you should be present at their meeting(s).

Property Owner Jay + Ashley Hummerstram Contractor Self
01/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/
Property Address Rabbit Hutch Rd Authorized Agent
Agent's Telephone
Telephone (7/5) 370 - 8626 Written Authorization Attached: Yes() No()
Accurate Legal Description involved in this request (specify only the property involved with this application)
1/4 of1/4, Section 28_, Township 43_N., Range 69_W. Town of8 arnes
Govt. Lot Lot Block Subdivision CSM#
Volume Page of Deeds Tax I.D#
Additional Legal Description:
Applicant: (State what you are asking for) Zoning District: F- Lakes Classification N/A
Dwelling in F-1 toning Digtrict
- Thing the state of the state
We, the Town Board, TOWN OF, do hereby recommend to
We, the Town Board, TOWN OF, do hereby recommend to ☐ TableApproval Disapproval
☐ Table ☐ Approval ☐ Disapproval Have you reviewed this for Compatibility with the Comprehensive and/or Land Use Plan: ☐ Yes ☐ No
☐ Table ☐ Approval ☐ Disapproval Have you reviewed this for Compatibility with the Comprehensive and/or Land Use Plan: ☐ Yes ☐ No Township: (In detail clearly state Town Board's reason for recommendation of tabling, approval or disapproval)
☐ Table ☐ Approval ☐ Disapproval Have you reviewed this for Compatibility with the Comprehensive and/or Land Use Plan: ☐ Yes ☐ No
☐ Table ☐ Approval ☐ Disapproval Have you reviewed this for Compatibility with the Comprehensive and/or Land Use Plan: ☐ Yes ☐ No Township: (In detail clearly state Town Board's reason for recommendation of tabling, approval or disapproval)
Table Approval Have you reviewed this for Compatibility with the Comprehensive and/or Land Use Plan: Yes No Township: (In detail clearly state Town Board's reason for recommendation of tabling, approval or disapproval) No (TSUL MM building in F- 20 ne
Table Approval Have you reviewed this for Compatibility with the Comprehensive and/or Land Use Plan: Yes No Township: (In detail clearly state Town Board's reason for recommendation of tabling, approval or disapproval) ** THE FOLLOWING MUST BE INCLUDED WITH THIS FORM: Signed: Chairman: Chairman:
Table Table
Table Have you reviewed this for Compatibility with the Comprehensive and/or Land Use Plan: Yes No Township: (In detail clearly state Town Board's reason for recommendation of tabling, approval or disapproval) **THE FOLLOWING MUST BE INCLUDED WITH THIS FORM: 1. The Tabled, Approval or Disapproval box checked 2. The Town's reasoning for the tabling, approval or disapproval 3. The form returned to Zoning Department not a conv or fav
Table Have you reviewed this for Compatibility with the Comprehensive and/or Land Use Plan: Yes No Township: (In detail clearly state Town Board's reason for recommendation of tabling, approval or disapproval) *** THE FOLLOWING MUST BE INCLUDED WITH THIS FORM: 1. The Tabled, Approval or Disapproval box checked 2. The Town's reasoning for the tabling, approval or disapproval 3. The form returned to Zoning Department not a copy or fax *** NOTE:
Table Have you reviewed this for Compatibility with the Comprehensive and/or Land Use Plan: Yes No Township: (In detail clearly state Town Board's reason for recommendation of tabling, approval or disapproval) *** THE FOLLOWING MUST BE INCLUDED WITH THIS FORM: 1. The Tabled, Approval or Disapproval box checked 2. The Town's reasoning for the tabling, approval or disapproval 3. The form returned to Zoning Department not a copy or fax "NOTE: Signed: Chairman: Supervisor: Supervisor: Supervisor: Supervisor: Supervisor: Supervisor:
Table Have you reviewed this for Compatibility with the Comprehensive and/or Land Use Plan: Yes No Township: (In detail clearly state Town Board's reason for recommendation of tabling, approval or disapproval) **THE FOLLOWING MUST BE INCLUDED WITH THIS FORM: 1. The Tabled, Approval or Disapproval box checked 2. The Town's reasoning for the tabling, approval or disapproval 3. The form returned to Zoning Department not a copy or fax **NOTE: Receiving Town Board approval, does not allow the start of construction or business, you must first obtain your
#* THE FOLLOWING MUST BE INCLUDED WITH THIS FORM: 1. The Tabled, Approval or Disapproval box checked 2. The Town's reasoning for the tabling, approval or disapproval 3. The form returned to Zoning Department not a copy or fax ***NOTE: Receiving Town Board approval, does not allow the start Disapproval Disapproval Proposal Pro



Bayfield County, WI



real Estate Daynell County Froperty Listing

'oday's Date: 8/20/2021

Created On: 3/15/2006 1:14:44 PM

Updated: 10/8/2018

Tax ID: PIN:

Description

1088

40.369

04-004-2-43-09-28-3 04-000-10000

Legacy PIN: Map ID:

004102905000

1unicipality: TR:

(004) TOWN OF BARNES

S28 T43N R09W

Description: Recorded Acres: 40,000

SE SW IN DOC 2018R-574822 270

Calculated Acres: .ottery Claims:

0 No

First Dollar: ?oning:

:SN:

Tax Districts

(F-1) Forestry-1

Updated: 3/15/2006

STATE 14 COUNTY 104 TOWN OF BARNES 141491 SCHL-DRUMMOND)01700 TECHNICAL COLLEGE

Recorded Documents

Updated: 12/2/2010

2007R-512710 965-995

3 WARRANTY DEED

Date Recorded: 10/4/2018 2018R-574822

■ WARRANTY DEED

Date Recorded: 11/19/2010 2010R-535787 1051-730

QUIT CLAIM DEED

)ate Recorded: 9/29/2010 2010R-534888 1048-110

■ WARRANTY DEED

Date Recorded: 3/14/2007

CONVERSION Date Recorded: 3/15/2006 501938 927-794

■ WARRANTY DEED

)ate Recorded: 9/20/2005 2005R-501938 927-794 🎎 Ownership

Updated: 10/8/2018

JAY M & ASHLEY R HAMMERSTROM

MARATHON WI

Billing Address: JAY M & ASHLEY R **HAMMERSTROM** 1006 WALNUT ST

MARATHON WI 54448

Mailing Address: JAY M & ASHLEY R **HAMMERSTROM** 1006 WALNUT ST MARATHON WI 54448

* indicates Private Road **Site Address**

N/A

Property Assessment		
		<u>alian agunopo eti santino suros es</u>
Acres	Land	Imp.
23.980	10,800	.0
16.020	21,600	0
2020	2021	Change
32,400	32,400	0.0%
0	0	0.0%
32,400	32,400	0.0%
	23.980 16.020 2020 32,400 0	23.980 10,800 16.020 21,600 2020 2021 32,400 32,400 0 0



Property History

N/A

LAND USE - X
SANITARY SIGN SPECIAL - TBA (Town of Eileen-9/28/2021)
CONDITIONAL BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

21-0388 Jay Hammerstrom Issued To: No. Location: SE ½ of SW 28 43 **Barnes** Section **Township** Range 9 W. Town of Gov't Lot Lot Block Subdivision CSM#

Residential

For: Residence in F-1: [1- Story]; Residence (24' x 16'); w/Loft (16' x 8') = 512 sq. ft. At a Height of 14'

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Build as Proposed. <u>NO PLUMBING</u> including—water closets, sinks, bathtubs or showers, laundry facilities, or any other fixture or receptacle receiving domestic waste, can be installed in the premises served by the privy unless a code compliant soil absorption system or holding tank exists, or a valid sanitary permit to install such a system has been issued. Obtain a Uniform Dwelling Code (UDC) permit from the locally contracted UDC inspection agency prior to start of construction (if required). Must meet and maintain setbacks.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

Tracy Pooler, AZA

Authorized Issuing Official

November 23, 2021

Date

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

LAND USE - X SANITARY - 192291 SIGN -SPECIAL - NA CONDITIONAL - NA BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTRUCTION

No: 10	No: 10192102-2021 Tax ID: 1261			Issued To: LAURA E JACOBS		
	on: 58PAR IN NW 20R-585277 370A	SE & GOVT LOT 4Section	02	Township 44 N.	Range 09 W.	BARNES
Govt L	.ot 0	Lot	Block		Subdivision:	CSM# NA
For. Re	esidential / Detach	ed Garage / 48L x 40W x	16H			
	` '	sed for human habitation be connected to a code o			under pressure or plu	ımbing fixtures unless said
NOTE:	•	es one year from date of k or land use has not beg		uthorized	Rob	Schierman
		_			Authorize	ed Issuing Official
	obtaining approv	s or specifications shall no al. This permit may be vo mation is found to have b	id or revoked if a	any of the	Mon N	Nov 01 2021
	erroneous, or inc	omplete.				Date
	•	be void or revoked if any		nditions are		

LAND USE - X
SANITARY - 08-176S
SIGN SPECIAL - NA
CONDITIONAL - NA
BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTRUCTION

NO: IU	2/2102-2021	1ax ID: 35252	2	Issued 10: J	OHN W BAKKESTUEN
Locati V.999	on: PAR IN GOVT LOT 1 DESC IN P.109	Section 01	Township 44 N.	Range 09 W.	BARNES
Govt L	ot 0 Lot 0	Bloc	ck 0	Subdivision:	CSM# NA
For. Re	esidential / Detached Garage / 28	L x 24W x 14H			
	ion(s): Not to be used for human ure is permitted to be connected	•	~	under pressure or plun	nbing fixtures unless said
NOTE:	This permit expires one year fro construction work or land use h		if the authorized	Rob Schierman	
	Changes in plans or specification	ns shall not be mad	e without	Authorized	l Issuing Official
	obtaining approval. This permit application information is found	may be void or revo	ked if any of the	Mon N	ov 01 2021
	erroneous, or incomplete.			Date	
	This permit may be void or revolution not completed or if any condition		nce conditions are		

LAND USE - X
SANITARY - 21-200S
SIGN SPECIAL - TBA
CONDITIONAL - NA
BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTRUCTION

No: 09102101-2021		Tax ID: 2720		Issued To: JAY WILSON			
Locati 1176	on: NE SE IN DOC 2020R-585846	Section 22	Township 45 N.	Range 09 W.	BARNES		
Govt L	ot 0 Lot	Block	k :	Subdivision:	CSM# NA		
For: Re	esidential / Residence / 44L x 32W	x 20H, Porch 1: 44l	_x 6W x10H, Porch 2: 2	0L x 20W x18H, Garage	e: 40L x 40W x24H		
20' x 1	tion(s): 52' x 32' Residence / 48' x 3 8' Covered Porch / 6' x 12' Covered contact local Uniform Dwelling Cod This permit expires one year from	l Entry le (UDC) inspection n date of issuance if	agency and secure UDC		State Statute.		
	construction work or land use ha Changes in plans or specification	•	without		Issuing Official		
obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented,			ed if any of the	Wed Nov 03 2021			
	erroneous, or incomplete.				Date		
	This permit may be void or revokenot completed or if any condition		ce conditions are				

LAND USE - X
SANITARY - 10-128S
SIGN SPECIAL - NA
CONDITIONAL - NA
BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTRUCTION

No: 10132101-2021 Tax ID: 1818 Issued To: LAMAR W & KAREN J SORENSEN 1 F Location: PAR IN GOVT LOT 4 & 5 IN Section 10 Township 44 N. Range 09 W. **BARNES** V.1090 P.434 552B (LAMAR W **SORENSEN JR & KAREN J SORENSEN** LIFE ESTATE) Govt Lot 0 Lot 0 Block 0 Subdivision: CSM# NA For. Residential / Other / 85L x 3W x 6H, Deck: 3L x 6W x6H Condition(s): Existing (rotten) stairway must be removed within 90 days of issuance of this permit. Must conform to standards established in Section 13-1-22(a)(5)q Stairways, Walkways or Rail Systems NOTE: This permit expires one year from date of issuance if the authorized **Rob Schierman** construction work or land use has not begun. **Authorized Issuing Official** Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the Mon Nov 15 2021 application information is found to have been misrepresented. erroneous, or incomplete. Date This permit may be void or revoked if any performance conditions are not completed or if any conditions are violated.

/Displained/s Ann. future communicate and devaluation and provided additional magnitude